

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

63-028363

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3625 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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3328

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED JUL 22 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

14 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

General Hospt No I

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY JACKSON

c. CITY
OR
TOWN

KANSAS CITY

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

2509 E. 18th St.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First
CHESTER

Middle
M.

Last
HALL

4. DATE
OF
DEATH

Month Day Year
June 28, 1963

5. SEX
Male

6. COLOR OR RACE
Negro

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

10-7-1918

9. AGE (last birthday)

44 yrs.

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY

Keystone Trailer Co

11. BIRTHPLACE (City and state or country)

Clinton, MO

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Roy Hall

13b. MOTHER'S MAIDEN NAME

Adelle Phillips

14. NAME OF HUSBAND OR WIFE

Hubnoster, MO

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT
Bernice Powell 411 N. Jackson

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Irreversible Shock

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Internal Left Hemothorax

DUE TO (c)

Penetrating Knife Wound Left Chest.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
10:00

a.m.
p.m.

Month, Day, Year

6/27/63

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

2029 Olive

20f. CITY, TOWN, OR LOCATION

Kansas City, Jackson, Mo.

COUNTY

STATE

21. I attended the deceased from

to

and last saw her alive on

Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. J. L. Illman M.D. Deputy Coroner

22b. ADDRESS

1618 Lydia Ave.

22c. DATE SIGNED

6/28/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

June 30, 1963

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Clinton, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Watkins Bros. Funeral Home 18th & Benton

25. DATE RECD. BY LOCAL REG.

6-29-63

26. REGISTRAR'S SIGNATURE

Keith Long

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.